BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								1359023					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	. EA	ודודץ/	OR	OTHER	
TOTAL CLAIMS			B 19				RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			月		* 01			X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P			minus 3 = * (X42=	=		OR	X84=	
<u>L</u>		-						+140	=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2		TOTA	L		OR	TOTAL	200
	C	Laiws as a	MENDED	ENDED - PART II						,		OTHER	
		(Column 1) CLAIMS	(Column 2)			(Column 3)	l 15	SMAL	_L {	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AD 38	Total	*	Minus	**		=		X\$ 9:	-		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 		\neg		On		
								+140			OR	+280=	
							A	TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											a 1		
WENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AD SE	Total	#	Minus	**		=		X\$ 9:	-		OR	X\$18=	
AMEND	Independent	*	Minus	***		=		X42=			OR	X84=	
Q	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		Un		
								+140:			OR	+280=	
									AL EE		OR	TOTAL ADDIT. FEE	
AMENDWENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ZE CE	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=	
PA E	Independent	*	Minus	***		=		X42=				X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
+140=											OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pa								ropriate box			